MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 18

CERTIFICATE OF DEATH

00819

Reg. Dist. No. 265

1. PLACE OF DEATH:

County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Stella May Ames

3.(b) Social Security Number: 217-05-80 75

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife: John Williams Ames

6.(c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): March ? 1902

8. AGE: Years: 42 | Months: 8 | Days: ? | If less than one day: hrs. min.

9. Birthplace: Crisfield Somerset Maryland
(Town, county, and state)

10. Usual occupation: Crab Picker

11. Industry or business: Sea Food

FATHER — 12. Name: Alex Pickney

FATHER — 13. Birthplace: Unknown

MOTHER — 14. Maiden name: Sarah Milbourne

MOTHER — 15. Birthplace: Unknown

16. Informant: John Williams Ames

Address: 4th St Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 31 1945 (month) (day) (year)

Cemetery or crematory: Asbury cemetery

Location: Crisfield Md

19. Funeral director: John A Bradshaw

Address: Crisfield Md

19. 1/31/45 (Date rec'd by registrar) 19 C. E. Collins M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 27 1945 at 3:17 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan. 25 1945, to Jan. 27 1945

and that I last saw h[illegible] alive on Jan 26 1945

Immediate cause of death	DURATION
Lobar pneumonia &	1/25/45
Uremia, Heart	1/27/45
Due to	
Due to	
Other conditions: Arthritis for several years.	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. J. Buckley M. D. M. D. or other

Address: 309 W. Main ave Date signed: 1/31/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 47

00820

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 28 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Susan Emily Burke

3.(b) Social Security Number: 215-05-8875

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Charles F Burke
6.(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): Oct 1 1891

8. AGE: Years	Months	Days	If less than one day
53	3	9	hrs. min.

9. Birthplace: Tangier Accomac Virginia
(Town, county, and state)

10. Usual occupation: Sewing Operator
11. Industry or business: Garment Factory

FATHER
12. Name: Thomas Pruitt
13. Birthplace: Tangier Va

MOTHER
14. Maiden name: Eliza J Parks
15. Birthplace: Tangier Va

16. Informant: Chas F Burke
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 12 1945 (month) (day) (year)
Cemetery or crematory: Crisfield cemetery
Location: Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Jan. 11, 1945 (Date rec'd by registrar) C. E. Collins M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 10 1945, at 8 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1 1944 to Jan 10 1945 and that I last saw h alive on January 10 1945

Immediate cause of death	DURATION
Acute Dilatation Heart	
Due to Carcinoma of Ovary	
Metastasis - Abdomen	
Due to Indefinite	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Carcinoma of Ovary
Metastasis - Abdomen Date of op. August 1944
Autopsy results: No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: George E. Cullum M.D.
M. D. or other
Address: Main St Md Date signed Jan 11 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00821

CERTIFICATE OF DEATH

Reg. Diat. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Somerset County

City or town: Westover, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Somerset

City or town: Westover,

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Clara Mabell Collins

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Mar

6.(b) Name of husband or wife: —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): December 7 1944

8. AGE: Years	Months	Days	If less than one day
	1	11	..... hrs. ..... min.

9. Birthplace: Westover Somerset Co.

(Town, county, and state)

10. Usual occupation: Baby

11. Industry or business

FATHER

12. Name: Albert Collins

13. Birthplace: Westover, Md

MOTHER

14. Maiden name: Ellen Collins

15. Birthplace: Westover.

16. Informant: Mrs. Ellen Collins.

Address: Westover, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/19-45 (month) (day) (year)

Cemetery or crematory: Westover Md

Location:

18. Funeral director: Jackson (Albert Collins)

Address: Westover Md

19. 1/19 1945 [illegible] Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 18 1945 at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death: Bronchopneumonia — DURATION

I did not see body

Due to: but from sister and information from Public

Due to: Health nurse the body evidently had a cold

Other conditions: then developed pneumonia

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: R. L. Johnson M. D.

Dep'y State Health Officer M. D. or other

Address: Princess Anne, Md Date signed 1-19-45

M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

00822

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 52 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Somerset
City or town Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Garfield Collins
3. (b) Social Security Number

4. Sex: Male
5. Color or race: Col.
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Corine Collins
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): April 1 1892

8. AGE: Years	Months	Days	If less than one day
52	9	1	... hrs. ... min.

9. Birthplace: Crisfield Somerset Maryland (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Garfield Collins Sr
13. Birthplace: Crisfield Md
MOTHER 14. Maiden name: Sarah Carr
15. Birthplace: Fairmount Md
16. Informant: Effie Williams
Address: Crisfield Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 25 1945 (month) (day) (year)
Cemetery or crematory: Asbury cemetery
Location: Crisfield Md
18. Funeral director: John A Bradshaw
Address: Crisfield Md
19. 1/24/45 (Date rec'd by registrar) 19... C E Collins M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1945 at about 830 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Found dead fully clothed laying 19... to ... 19...
and that I last saw h... alive on ... 19...
Immediate cause of death: on floor near front door | DURATION
Due to: Coronary
Due to: Occlusion
Other conditions
William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.
(Include pregnancy within 3 months of death)
Major findings of operations ... Date of op.
Autopsy results no
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?
23. SIGNATURE Wm H Coulbourn M.D. M. D. or other
Address Crisfield Md Date signed Jan 24, 45

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-02)

00824

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield R.F.D 2
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 70 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield R.F.D 2
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Charles B. Coulbourn

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	widower

6.(b) Name of husband or wife: Elsie Coulbourn
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 15 - 1874

8. AGE: Years	Months	Days	If less than one day
70	8	10	..... hrs. ..... min.

9. Birthplace: Hopewell Somerset Co Md (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business

FATHER
12. Name: Samuel E Coulbourn
13. Birthplace: Hopewell Somerset Co Md

MOTHER
14. Maiden name: Charlotte Miles
15. Birthplace: Hopewell Somerset Co Md

16. Informant: Mary E Coulbourn
Address: Crisfield R.F.D 2 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 28 1945 (month) (day) (year)
Cemetery or crematory: Home cemetery
Location: Hopewell Md

18. Funeral director: Chas H Ward
Address: Marion Md.

19. 1/27/45 (Date rec'd by registrar) 19..... C E Collins M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 25 1945, at 9:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 25 1945, to Jan. 25 1945 and that I last saw h.. alive on Jan. 25 1945

Immediate cause of death	DURATION
Cerebral Hemorrhage	24 hrs.
Due to: Hard Arteries	for yrs.
Due to:	
Other conditions: Paralysis right side	24 hrs

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: W. P. Markley M.D.
M. D. or other
Address: 309 W. Md. Ave Date signed 1/27/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00825

Reg. Dist. No. 261

1. PLACE OF DEATH:

County Arundel

City or town Marion Sta Rural (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? all life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County Arundel

City or town Marion Sta Rural (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Emma Jane Doris

3.(b) Social Security Number 218-20-3341

4. Sex Female

5. Color or race Col.

6.(a) Single, married, widowed, or divorced married

6.(b) Name of husband or wife Robert M Doris

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) Not kn

8. AGE: Years 63 Months Days If less than one day ... hrs. ... min.

9. Birthplace Va. Norfolk (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Daniel Buckers

13. Birthplace Va.

MOTHER 14. Maiden name Not kn.

15. Birthplace —

16. Informant Robert M Doris

Address Marion Sta Md

17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan 25 1945 (month) (day) (year)

Cemetery or crematory Liberia

Location Marion Station Md

18. Funeral director George W. Whittington

Address Marion Station

19. 1/24 1945 (Date rec'd by registrar) Aurelia B. Lawson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 22 1945, at 12 40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 1 1944, to Jan 22 1945

and that I last saw her alive on Jan 21 1945

Immediate cause of death Uremia

acute dil of Heart

Due to Chronic Int nephritis

Chronic myocarditis

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations —

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE Guy C Cochran M D M. D., or other

Address Marion Sta Md Date signed Jan 23 45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-21

00826

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:
County Somerset
City or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 85 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Princess Anne Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Gussie De Shields

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	Col	Widowed

6.(b) Name of husband ~~or wife~~ Late Franck De Shields
6.(c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) March 5 1860

8. AGE: Years	Months	Days	If less than one day
84	10	16	..... hrs. ..... min.

9. Birthplace Princess Anne, Somerset Co. Md.
(Town, county, and state)
10. Usual occupation Labor
11. Industry or business Farm
FATHER 12. Name Robert Johnson
13. Birthplace Somerset Co., Md.
MOTHER 14. Maiden name Margaret Johnson
15. Birthplace Somerset Co. Md.
16. Informant Thomas Johnson
Address Princess Anne Md. R.F.D.
17. Burial Date thereof 1/24/45
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory College Grove
Location Somerset Co. Md.
19. Funeral director Shurbert
Address Marion Station Md.
19. Jan 22 1945 D. Hewett
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 21 1945, at 2:00 A M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 16th 1945, to Jan 21 1945
and that I last saw h.e alive on Jan 20th 1945

Immediate cause of death	DURATION
Cerebral Haemorrhage	4 Days
Due to Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Edna G. Mansman
M. D. or other
Address Princess Anne Md. Date signed 1-21-45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

00827

CERTIFICATE OF DEATH

Reg. Diat. No. 268

1. PLACE OF DEATH:

County Somerset

City or town Deal Island, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Deal Island Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME J. Rayner Graham

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	married

6.(b) Name of husband or wife Theresa Graham

6.(c) If alive, give age 33 years

7. Birth date of deceased (mo., day, yr.) Nov. 19, 1905

8. AGE: Years	Months	Days	If less than one day
39	1	25	hrs. min.

9. Birthplace Deal Island, Md. (Town, county, and state)

10. Usual occupation Oyster Business

11. Industry or business

FATHER 12. Name James Graham

FATHER 13. Birthplace Deal Island Md.

MOTHER 14. Maiden name Katie Webster

MOTHER 15. Birthplace Deal Island, Md.

16. Informant Irene Graham

Address Deal Island Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 15, 1945 (month) (day) (year)

Cemetery or crematory Deal Island Md.

Location Deal Island Md.

18. Funeral director Wade Hadsell

Address Princess Anne, Md.

19. Jan 14 1945 Rena Webster (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 12 1945, at 9 P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ ~~19~~ ~~to~~ ~~19~~

~~and that I last saw him alive on~~ ~~19~~

Immediate cause of death	DURATION
Internal hemorrhage from bullet wound in abdomen	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 1/12/45

Where did injury occur? Deals Island (City or town) Somerset (County) Md (State)

Injured at home, farm, industry, public place (where?) Tidewater

Means of injury Bullet wound Injured at work?

23. SIGNATURE Deputy Medical Examiner Fred M. Lankford Md (M. D. or other)

Address Princess Anne Md Date signed 1/13/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Evidence for change of age of deceased is shown on FILM No G 92 MAR 10 1945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (42)

CERTIFICATE OF DEATH

00828

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Wenona
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DEACEASED:
(For newborn infants give residence of mother)
State: County:
City or town:
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME Nellie Daniel Horner

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife: Walton Horner Jr
6.(c) If alive, give age: 27 Yrs April years
7. Birth date of deceased (mo., day, yr.): Feby 25 1914

8. AGE: Years	Months	Days	If less than one day
30 -31-			hrs. min.

9. Birthplace: Wenona Somerset Co Md
(Town, county, and state)
10. Usual occupation: Housedutier
11. Industry or business: Home work

FATHER
12. Name: Arthur Daniel
13. Birthplace: Wenona Md

MOTHER
14. Maiden name: Vira Webster
15. Birthplace: Chance Md

16. Informant: Elizabeth Webster
Address: Wenona Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 7-1945 (month) (day) (year)
Cemetery or crematory: St Pauls M E
Location: Wenona Md
18. Funeral director: W. S. Webster
Address: Deals Island

19. Jan. 6th 1945 (Date rec'd by registrar) Rosa Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 3- 1945 19 at 9:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 25 1944 to Jan 1 1945 and that I last saw h alive on Jan 1 1945

Immediate cause of death	DURATION
Carcinoma of Rectum	1 1/2 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Frank Mathews M.D
M. D. or other
Address: Princess Anne Date signed 1/4/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

M

00829

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County: Somerset

City or town: Upper Hill (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 82 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Somerset

City or town: Upper Hill (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Mary Cecelia Johnson

3. (b) Social Security Number:

4. Sex: Fem

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widower

6.(b) Name of husband or wife: Charles W Johnson

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): apr 17-1862

8. AGE: Years 82 Months 9 Days 13 If less than one day ... hrs. ... min.

9. Birthplace: Princess Anne Somerset Co (Town, county, and state)

10. Usual occupation: House work

11. Industry or business

FATHER

12. Name: Anthany Walter

13. Birthplace: White Haven md

MOTHER

14. Maiden name: Caroline Jackson

15. Birthplace: Polomoke City Md

16. Informant: Cecelia Johnson

Address: Upper Hill Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb 4 1945 (month) (day) (year)

Cemetery or crematory: Upper Hill

Location: Upper Hill Md

18. Funeral director: Chas H Ward

Address: Marion Sta Md

19. 2/8 1945 (Date rec'd by registrar) T J Smith Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 30th 1945, at 2:30 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15th 1943, to Jan 30th 1945 and that I last saw her alive on Jan 29th 1945

Immediate cause of death	DURATION
Chronic Myocarditis	3 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: George G. Marrsman M. D. or other

Address: Princess Anne, Md Date signed: 2.2.45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (12)

00830

CERTIFICATE OF DEATH

Reg. Diat. No. 270

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 DAYS
Hospital, institution, or street address where death occurred: McCready's Memorial Hospital
How long in hospital or institution? 4 DAYS

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MARYLAND County: SOMERSET
City or town: MARION STATION
(If outside city or town limits, write RURAL and give nearest town)
Street No.: R. 1
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Ola Cottingham Jones

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	MARRIED

6.(b) Name of husband or wife: THOMAS JONES, JR.

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): JUNE 29, 1907

8. AGE: Years: 37 | Months: 6 | Days: 29 | If less than one day: ..... hrs. ..... min.

9. Birthplace: MARION STATION (SOMERSET) MD.
(Town, county, and state)

10. Usual occupation: DOMESTIC

11. Industry or business:

FATHER
12. Name: CHARLES M. COTTINGHAM
13. Birthplace: MARION STATION

MOTHER
14. Maiden name: ADDIE O. OUTTEN
15. Birthplace: LIBERIA (MARION) MD.

16. Informant: ELLEN TURPIN
Address: R 1 MARION, MD.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: JAN. 31 -'45 (month) (day) (year)
Cemetery or crematory: Family
Location: Wesley (Marion) MD.

18. Funeral director: G. W. Tilghman
Address: MARION, MD.

19. 1/31 1945 (Date rec'd by registrar) Eurelia B Lawson Deputy C E Collier M D Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 27 1945, at 8 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 25 1945, to Jan 27 1945 and that I last saw h.. alive on Jan 27 1945

Immediate cause of death	DURATION
Acute Dil of Heart	
Shock	
Due to Sepsis	1 week
Due to Pelvic Constantes	1 week
Other conditions	

(Include pregnancy within 3 months of death)

Major findings at operation: Pelvic abscess. Uterus & appendix
Double Pyo Salpinges Date of op Jan 26-45
Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Geo C Cruikshank M D M. D., or other
Address: Marion Sta Md Date signed: Jan 30 45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 53

00831

CERTIFICATE OF DEATH

Reg. Diat. No. 265

1. PLACE OF DEATH: Somerset
County
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 months
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md / County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Mariners Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3.(a) FULL NAME: Eddline Keyser

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	widower

6.(b) Name of husband or wife: Ida Mae
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): February 1873

8. AGE: Years	Months	Days	If less than one day
71		11	..... hrs. ..... min.

9. Birthplace: Virginia (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: self

FATHER
12. Name: unknown
13. Birthplace: Va.

MOTHER
14. Maiden name: unknown
15. Birthplace: Va.

16. Informant: Murphy L. Keyser
Address: Mariners Rd. Crisfield, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/28/45 (month) (day) (year)
Cemetery or crematory: Totutey
Location: Haynesville, Va.
18. Funeral director: Howard H. Hubbard
Address: 306 Main St., Crisfield, Md

19. 1/27/45 (Date rec'd by registrar) 19 ..... C E Collins M.D Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1945 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 26 1945 to January 26 1945 and that I last saw him alive on January 26 1945

Immediate cause of death	DURATION
Carcinomatosis of cervical glands	2
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results: .....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: J. M. Peyton M.D. M. D. or other
Address: Crisfield, Md. Date signed Jan. 27, 1945

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

Dr Peyton
00832

Reg. Diat. No. 270

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs
Hospital, institution, or street address where death occurred:
McCready Memorial Hospital
How long in hospital or institution? 1 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Franklin Thomas Laird

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 7 ~~1859~~ 1939

8. AGE: Years	Months	Days	If less than one day
5	7	5	hrs. min.

9. Birthplace: Princess Anne Somerset Maryland
(Town, county, and state)
10. Usual occupation: None
11. Industry or business

FATHER
12. Name: Clayton Laird
13. Birthplace: Oriole Md

MOTHER
14. Maiden name: Daisy Bell Abbott
15. Birthplace: Weona Md

16. Informant: Clayton Laird
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 15 1945 (month) (day) (year)
Cemetery or crematory: Oriole cemetery
Location: Oriole Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. 1/15/45 (Date rec'd by registrar) 19 ..... E E Eadline M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 12 1945, at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 12 1945, to Jan. 12 1945
and that I last saw him alive on Jan. 12 1945

Immediate cause of death	DURATION
Meningitis ? not reported.	1 day
because the diagnosis was in doubt.	
Due to There was no autopsy. C.W.E.P.	
Due to unknown cause	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results: There was no autopsy.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: S. W. Peyton M. D
M. D. or other
Address: Crisfield Md Date signed Jan 13 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-D)

CERTIFICATE OF DEATH

00833

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 da
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Kingston
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Mary Elizabeth Jones Maddox

3.(b) Social Security Number: 214-12-5684

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Married

6.(b) Name of husband or wife: Will Maddox
6.(c) If alive, give age: 58 years
7. Birth date of deceased (mo., day, yr.): Sept 12 1898

8. AGE: Years	Months	Days	If less than one day
46	4	0	...hrs. ...min.

9. Birthplace: Kingston Somerset Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace

MOTHER
14. Maiden name: Eliza King
15. Birthplace: Kingston Md

16. Informant: Will Maddox
Address: Kingston Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 14 1945 (month) (day) (year)
Cemetery or crematory: Kingston cemetery
Location: Kingston Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. 1/12/45 (Date rec'd by registrar) 19... C E Collins M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 12 1945 at 2.4 M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ... 19... to ... 19... and that I last saw h... alive on ... 19...

Immediate cause of death: Coronary occlusion

Due to: Chronic Nephritis

Due to:

Other conditions: Natural Causes

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

DURATION

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Wm H Coulbourn M.D.
M. D. or other
Address: Crisfield Md Date 1/12/45

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

00834

Reg. Dist. No. 270

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 yrs
Hospital, Institution, or street address where death occurred: McCready Memorial Hospital
How long in hospital or institution? 4 da

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield RUAL
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war.

3.(a) FULL NAME Robert Margin

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
About 65			..... hrs. ..... min.

9. Birthplace: Unknown (Town, county, and state)
10. Usual occupation: Farm Laborer
11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace "

MOTHER
14. Maiden name "
15. Birthplace "

16. Informant: John Brittingham
Address: Crisfield Md RUAL

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 29-45 (month) (day) (year)
Cemetery or crematory: Private cemetery on farm
Location: Crisfield Md

18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. Mr 9 (Date rec'd by registrar) 1945 Eurelia B. Lawson Deputy Registrar
E E Collins M D

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 27 1945, at 3 45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1 1945, to January 27 1945
and that I last saw him alive on January 27 1945

	DURATION
Immediate cause of death: Acute Dilatation	
Due to: Chronic Int nephritis	2 years
Chronic myocarditis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Geo E Collins M D M. D. or other
Address: Crisfield Md Date signed: Jan 28 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1068

00835

CERTIFICATE OF DEATH

Reg. Diat. No. 260

I. PLACE OF DEATH:

County Somerset

City or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 Years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Princess Anne
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Virginia Francis Miles

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	Col	Widowed

8.(b) Name of husband or wife Wm. H. Miles

8.(c) If alive, give age —— years

7. Birth date of deceased (mo., day, yr.) Jan 9th 1864

8. AGE:

Years	Months	Days	If less than one day
80	11	27	....hrs. ....min.

9. Birthplace Somerset County, Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own Home

FATHER
12. Name Henry T. Curtis
13. Birthplace Somerset County Md.

MOTHER
14. Maiden name Susan Francis Horsey
15. Birthplace Somerset County Md.

16. Informant Rev. B. T. Crosdell

Address Princess Anne, Md. R2 Box 36

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 10 1945 (month) (day) (year)

Cemetery or crematory Wesley Cemetery

Location Marion Station, Md.

18. Funeral director Dale Dashiell

Address Princess Anne, Md.

19. Jan 8th 1945 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6th 1945 at 9.30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 15th 1944 to Jan 6th 1945 and that I last saw her alive on Jan 5th 1945

Immediate cause of death	DURATION
Chronic Bronchitis	2 Years
Due to	
Due to	
Other conditions Pulmonary Haemorrhage (Include pregnancy within 3 months of death)	2 hours 1.6.45

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Elsie G. Marriman M. D. or other

Address Princess Anne, Md. Date signed 1.9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-a)

00836

CERTIFICATE OF DEATH

Reg. Diat. No. 270

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
McCredy Memorial Hospital
How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3.(a) FULL NAME: Alice May Nelson

3.(b) Social Security Number: 216-07-1748

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	married

6.(b) Name of husband or wife: Gordon Lee Nelson
6.(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): December 22, 1899

8. AGE: Years	Months	Days	If less than one day
45		21	hrs. min.

9. Birthplace: Crisfield, Md. (Town, county, and state)
10. Usual occupation: Operator
11. Industry or business: Rosenblooms Factory

FATHER
12. Name: William Tyler
13. Birthplace: Crisfield, Md.

MOTHER
14. Maiden name: Georgia Ward
15. Birthplace: Crisfield, Md.

16. Informant: Gordon L. Nelson
Address: Crisfield, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/14/45 (month) (day) (year)
Cemetery or crematory: Asbury Cemetery
Location: Crisfield, Md.

18. Funeral director: Howard H. Hubbard
Address: 306 Main St., Crisfield, Md.

19. 1/13 (Date rec'd by registrar) 1945 Eurelia B. Lawson Deputy
E. E. Collins M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 12, 1945 at 2.50 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1944 to Jan 12 1945 and that I last saw h.. alive on Jan 12 1945

	DURATION
Immediate cause of death: Uremia	2 mo.
Due to: Acute Parenchymatous Nephritis	
Due to: Chronic Nephritis	
Other conditions: Chronic Myocarditis	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. E. Cochran M.D. M. D. or other
Address: Crisfield Md. Date signed: Jan 13-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (75)

00837

CERTIFICATE OF DEATH

Reg. Diat. No. 760

1. PLACE OF DEATH:
County Somerset
City or town Princess Anne, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Somerset
City or town Princess Anne Md R.F.D
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Charles William Stevenson

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Colored	married

6.(b) Name of husband or wife mary E Stevenson
8.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) —

8. AGE:

Years	Months	Days	If less than one day
33	2 1	2 1	hrs. min.

9. Birthplace Somerset Co (Town, county, and state)
10. Usual occupation farmer Labor
11. Industry or business

FATHER
12. Name Lipe Stevenson
13. Birthplace Princess Anne md

MOTHER
14. Maiden name maggie adams
15. Birthplace Somerset Co.

16. Informant James Alford
Address Princess Anne, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-14-45 (month) (day) (year)
Cemetery or crematory Curtises Chapel
Location Somerset Co

18. Funeral director William James & Son
Address Princess Anne, Md.

19. Jan 13 1945 J Smith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 11 1945, at 9 P M

21. I CERTIFY that death occurred on the date above stated; ~~that I attended deceased from~~ 19 , to 19
and ~~that I last saw him~~ alive on 19

Immediate cause of death	DURATION
Acute Heart Disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Deputy Medical Examiner Henry M Lankford, M.D.
M. D. or other
Address Princess Anne Md Date signed 11/2/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

17 000838

CERTIFICATE OF DEATH

Reg. Dist. No. 270

1. PLACE OF DEATH:

County Somerset

City or town Crisfield (If outside city or town limits, write RURAL and give nearest town) md, McCready Hospital

How long in above place of death? 2 days

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Manokin (If outside city or town limits, write RURAL and give nearest town) md.

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war World War No. 1

3. (a) FULL NAME John Wesley Stewart

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	Colored	Married

6.(b) Name of husband or wife Emma L. Stewart

Not Known 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1900

8. AGE:

Years	Months	Days	If less than one day
44	—	—	..... hrs. ..... min.

9. Birthplace Princess Anne, Md R.F.D (Town, county, and state)

10. Usual occupation farmer.

11. Industry or business

FATHER 12. Name William Stewart

13. Birthplace Somerset

MOTHER 14. Maiden name Clair Stewart

15. Birthplace Somerset

16. Informant Emma L. Stewart

Address Manokin, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-7-45 (month) (day) (year)

Cemetery or crematory St Mark

Location Oakville, md.

18. Funeral director William James & Son.

Address Princess Anne, Md.

19. Jan. 5 1945 C E Collins MD (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2, 1945, at 2 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 1a 1944 to January 2, 1945 and that I last saw him alive on January 2, 1945

Immediate cause of death Hemiplegia — DURATION 3 days

Due to Hypertension — 6 mo

Due to ..... —

Other conditions ..... —

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE C E Collins M. D. or other

Address Crisfield, Md Date signed 1/2/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 774

00839

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 50-9-7
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Harold Smith Ward

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Minnie Tull Ward
6.(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): April 18 1894

8. AGE: Years	Months	Days	If less than one day
50	9	7	..... hrs. ..... min.

9. Birthplace: Crisfield Somerset Maryland
(Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Building Houses

FATHER
12. Name: William H Ward
13. Birthplace: Crisfield Md

MOTHER
14. Maiden name: Julia Daugherty
15. Birthplace: Crisfield Md

16. Informant: Mrs Minnie Ward
Address: Crisfield Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 28 1945 (month) (day) (year)
Cemetery or crematory: Crisfield cemetery
Location: Crisfield Md
18. Funeral director: John A Bradshaw
Address: Crisfield Md

19. 1/26/45 (Date rec'd by registrar) 19 C E Cullins M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 25 19 45 at 11 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h... alive on ..... 19.....

Immediate cause of death	DURATION
Alcoholism	
Due to: Cirrhosis	
Due to:	
Other conditions:	

William H. Caulbourn, M.D.
DEPUTY MEDICAL EXAMINER
SOMERSET COUNTY, MD.

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury: ..... Injured at work?

23. SIGNATURE: Wm H Caulbourn M.D. M. D. or other
Address: Crisfield Md Date signed: Jan 26/45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (85)

00823

Item 3:G202 9-4-56 L

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH:
County: Somerset
City or town: Eden md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? life
Hospital, institution, or street address where death occurred: no
How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Eden md
(If outside city or town limits, write RURAL and give nearest town)
Street No.: no
(If rural, give LOCATION)
2.(a) If veteran, name war: no

3. (a) FULL NAME: Samuel W Coulbourn WATERS

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	a a	Married

6.(b) Name of husband or wife: Lillie Somerset
6.(c) If alive, give age: Don't know years

7. Birth date of deceased (mo., day, yr.): Mar. 2 about 1898

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
about 46	—	—		

9. Birthplace: Princess Anne Md (Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Same as above
12. Name of FATHER: Jerome Laminda
13. Birthplace of FATHER: Somerset Co
14. Maiden name of MOTHER: Lottie Janney
15. Birthplace of MOTHER: Eden Md
16. Informant: Frank Cornish
Address: Eden, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 21, 1945 (month) (day) (year)
Cemetery or crematory: Pleasant Hill
Location: Eden Md
18. Funeral director: James H Stewart
Address: Salisbury Md
19. Jan. 19th 1945 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 13, 1945, at 6 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 13, 1945, to Jan 13, 1945
and that I last saw deceased alive on ____, 19____

Immediate cause of death	DURATION
Epilepsy	Hours
Due to	
Due to	
Other conditions: Possible Head Injury	Several years ago

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.: —
Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: G H Lemmon M.D. M.D. or other
Address: 500 E Church St Salisbury Md Date signed: 1/17/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15)

00840

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 yrs
Hospital, Institution, or street address where death occurred:
How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. 129 N Fourth st.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Viola Watson

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	colored	married

6.(b) Name of husband or wife: Avan Watson
6.(c) If alive, give age: 29 years

7. Birth date of deceased (mo., day, yr.): Feb 2 - 1922

8. AGE: Years	Months	Days	If less than one day
22	11	15	hrs. min.

9. Birthplace: Fusion North Humberland Co Va
(Town, county, and state)
10. Usual occupation: House work
11. Industry or business

FATHER
12. Name: Alfred Toulson
13. Birthplace: Fusion North Humberland Co Va

MOTHER
14. Maiden name: Josephine Melton
15. Birthplace: Fusion North Humberland Co Va

16. Informant: Alfred Toulson
Address: 129 North Fourth st Crisfield Md

17. burial
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)
Cemetery or crematory: Lawsonia Jan 21. 1945
Location: Crisfield Md
18. Funeral director: Chas H Ward
Address: Marion Md
19. 1/19/45 19 C E Cullins M.D
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 17 1945 at 9 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 25 1944, to Jan. 17 1945 and that I last saw h.. alive on Jan. 16 1945

Immediate cause of death	DURATION
Intercostal Neuralgia	2
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: S. M. Peyton M. D
M. D. or other
Address: Crisfield, Md Date signed: Jan 19 1945

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

00841

CERTIFICATE OF DEATH

Reg. Dist. No. 268

1. PLACE OF DEATH:
County: Somerset
City or town: Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Princess Anne
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Denwood W. White

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband or~~ wife: Virginia White
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): 1874

8. AGE: Years: 70 | Months: — | Days: — | If less than one day: hrs. min.

9. Birthplace: Princess Anne Md (Town, county, and state)

10. Usual occupation: Retired Waterman

11. Industry or business: ~~Oil~~ Farmer

FATHER
12. Name: Wm. D. White
13. Birthplace: Deals Island

MOTHER
14. Maiden name: Maria A. Evans
15. Birthplace: Deals Island

16. Informant: Mrs. Gladys Campbell
Address: Wenona

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feby 1st 45 (month) (day) (year)
Cemetery or crematory: Deals Island M.E.
Location: Deals Island Md

18. Funeral director: W. H. Webster
Address: Deals Island, Md

19. Feby 2nd 1945 (Date rec'd by registrar) Rosa Webster Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 30th 1945 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Myocarditis	Days / Hours
Due to: Arteriosclerosis	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: T. Smith M. D. or other
Address: Princess Anne Date signed: 2/3-45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00843

Reg. Dist. No. 265

1. PLACE OF DEATH:
County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Somerset
City or town: Crisfield
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Ritchie Blvd.
(If rural, give LOCATION)
2.(a) If veteran, name war: none

3.(a) FULL NAME: Katie S.B. Wilson

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	widow

6.(b) Name of husband or wife: James
6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): June 20, 1880

8. AGE:

Years	Months	Days	If less than one day
64	7	4	____ hrs. ____ min.

9. Birthplace: Crisfield, Md.
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: ~~xxxxx~~ home

FATHER
12. Name: Steven Byrd
13. Birthplace: Md.

MOTHER
14. Maiden name: Mary Ann
15. Birthplace: Md.

16. Informant: Susie Byrd
Address: Crisfield, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/27/45 (month) (day) (year)
Cemetery or crematory: Crisfield
Location: Crisfield, Md.
16. Funeral director: Howard H. Hubbard
Address: 306 Main St., Crisfield, Md.

19. 1/27/45 (Date rec'd by registrar) 19.... C E Collins M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 24 1945, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 16 1945, to Jan 24 1945; and that I last saw her alive on January 23 1945

Immediate cause of death	DURATION
Lobar Pneumonia	6 days
Due to	
Due to	
Other conditions: Chronic myocarditis	6 yrs
due to Myocardial insufficiency	
(Include pregnancy within 3 months of death)	
Pulmonary edema Mitral stenosis	6 yrs

Major findings of operations: ____ Date of op. ____
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of ____
Where did injury occur? ____ (City or town) ____ (County) ____ (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE: S. M. Payton M.D.
M. D. or other
Address: Crisfield, Md. Date signed Jan 27, 1945